

WHAT DOES HIV / AIDS LOOK LIKE IN NEBRASKA?

EPIDEMIOLOGICAL PROFILE

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Overview

The average yearly rate of AIDS from 1998-2002 (based on 2000 population) was 4.1 per 100,000 in Nebraska. The rates for males were about 3.6 times that for females (6.5/100,000 compared with 1.8/100,000). By race/ethnicity, rates were highest for blacks (28.1/100,000) and lowest for whites (2.5/100,000). The rates for black males and females (37.8/100,000 and 18.7/100,000 respectively) were higher than for all other groups.

The average yearly rate of HIV in Nebraska from 1998-2002 (based on 2000 population) was 3.3 per 100,000. The rates for males were about 2.7 times that for females (4.8/100,000 compared with 1.8/100,000). By race/ethnicity, rates were highest for blacks (22.8/100,000), followed by American Indians/ Alaska Natives (14.9/100,000), Hispanics and Latinos (9.1/100,000), and other races/ethnicities. Rates were lowest for whites (2.0/100,000). The rates for both black males and black females were higher than for all other groups (both 22.8/100,000).

Gender

From 1998-2002, AIDS was diagnosed for 350 persons in Nebraska. Of these, 274 (78%) were male and 76 (22%) were female. Most of those diagnosed with AIDS, 187 (53%), were white, while 95 (27%) were Black/African American. From 1998-2002, the AIDS rates for males were about 3.6 times that for females (6.5/100,000 compared with 1.8/100,000).

From 1998-2002, HIV was diagnosed for 281 persons, of whom 201 (72%) were male and 80 (28%) were female.

Race/Ethnicity

By race/ethnicity, for AIDS cases reported between 1998-2002, there were 187 (53%) white, 95 (27%) African American, and 56 (16%) Hispanic or Latino ethnicity. The remaining 12 cases were American Indians/ Alaska Natives and Asians/ Native Hawaiians/ Pacific Islanders.

By race/ethnicity, for HIV cases reported between 1998-2002, there were 148 (53%) white, 77 (27%) Black/African American, 43 (15%) Hispanic or Latino ethnicity. The remaining 13 diagnoses were for American Indians/Alaska Natives and Asians/Native Hawaiians/Pacific Islanders.

Age Group

From 1998-2002, most AIDS diagnoses in Nebraska (74%) were for persons aged 25-44 years, followed by 45-64 year olds (21%). Among males, 75% of those diagnosed with AIDS were 25-44 year olds; for females, 68% of those diagnosed with AIDS were in this age group.

Thirteen to 24 year olds comprised 8% of females who were diagnosed with AIDS, but only 1% of males who were diagnosed with AIDS.

From 1998-2002, most HIV diagnoses (70%) were for persons aged 25-44 years, followed by 13-24 year olds (18%). The proportions of diagnoses across age groups were similar among males and females.

Risk Exposure

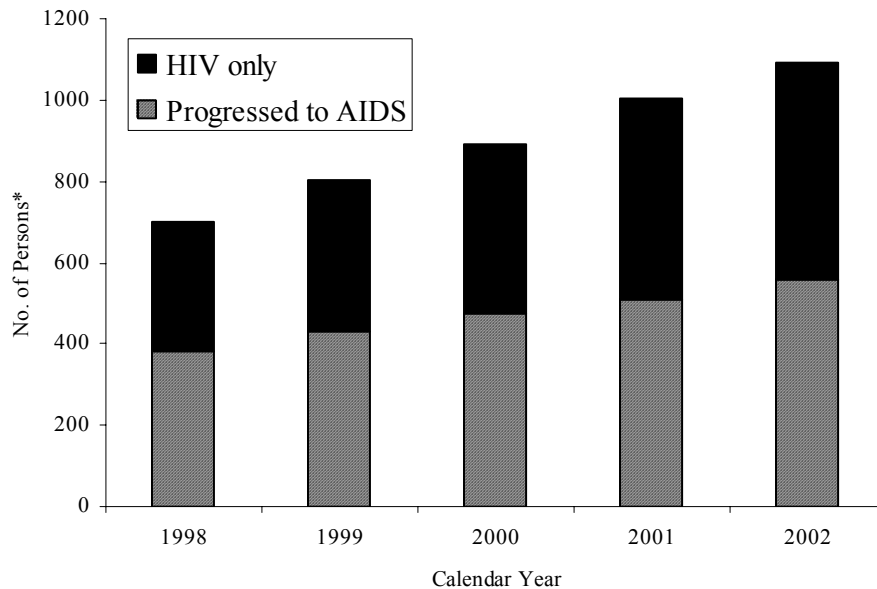
By risk exposure category, 145 (41%) persons were classified as infected through male-to-male sex, 52 (15%) through heterosexual contact, 46 (13%) through injection drug use, and 69 (20%) through an unknown risk. The other group consisted of transplants/transfusions, hemophilia, and mother with/at risk for HIV infection. Among the 274 males with AIDS, the predominant mode of exposure was male-to-male sex (53%), followed by unknown risks (16%) and the combination of both male-to-male sex and injection drug use (11%). Among the 76 females with AIDS, the predominant mode of exposure was heterosexual contact (39%), followed by unknown risks (32%) and injection drug use (26%).

Male-to-male sex was the most predominant risk exposure category for persons diagnosed with HIV between 1998 and 2002. One hundred fifteen (41%) persons reported male-to-male sex as their risk exposure, followed by 53 (19%) who reported heterosexual contact, 28 (10%) who reported injection drug use, and 70 (25%) who reported an unknown risk. The "Other" risk category included transplants/transfusions, and mother with/at risk for HIV infection. Among the 201 males with HIV infection, the predominant mode of exposure was male-to-male sex (57%), followed by unknown risks (19%) and heterosexual contact (9%). Among the 80 females with HIV infection, the predominant mode of exposure was heterosexual contact (44%), followed by unknown risks (39%) and injection drug use (14%).

Living with HIV/AIDS

The number of persons living with HIV/AIDS in Nebraska increased each year from 1998 to 2002. At the end of 2002, a total of 1,091 persons were known to be living with HIV/AIDS in Nebraska, 559 (51%) of whom had a diagnosis of AIDS.

The number of males and females living with HIV infection and AIDS has increased at similar rates over time. As of December 2002, 860 males and 231 females were living with HIV infection or AIDS in Nebraska, representing 50% and 85% increases respectively since 1998. The number of Nebraskans living with HIV infection and AIDS has increased at similar rates for the three most predominant races/ethnicities over time. As of December 2002, 670 whites (not Hispanic or Latino), 263 blacks/African Americans (not Hispanic or Latino), and 128 Hispanics/Latinos were living with HIV infection or AIDS in Nebraska, representing 40%, 85%, and 103% increases respectively since 1998.



Geography

From 1998 through 2002, 631 persons were reported with HIV or AIDS in 43 Nebraska counties. Douglas County and Lancaster County, the two most populous counties in Nebraska with 42% of the total population, reported a total of 470 HIV or AIDS cases or 74% of the total cases combined. Seventy-one percent of the AIDS cases diagnosed between 1998 to 2002, reside in Douglas and Lancaster counties, while 79% of the HIV cases reside there.

- Douglas County by itself represents 27% of the state's population. In addition, it represents 59% of the AIDS cases diagnosed between 1998 to 2002, and 63% of the HIV cases.
- Lancaster County comprises 14.6% of the state's population and accounts for 13% of the AIDS cases diagnosed between 1998 to 2002, and 15% of the HIV cases.

The remainder of the counties in Nebraska is comparatively rural, with smaller populations. AIDS cases among these more rural counties represent 28% of the AIDS cases, and 22% of the HIV cases. The remaining counties in Nebraska with HIV and AIDS cases diagnosed between 1998 to 2002 reported between 1 and 20 cases.